

PAY STUB

Employee Information		Pay Stub Information	
Employee Name:	Ora W. D'Amato	Pay Period Start:	08/01/2023
Address:	4462 Selah Way	Pay Period End:	08/31/2023
	South Burlington, VT 05403	Issue Date:	09/03/2023
Employee ID:	100025482	SSN:	5024-XXXX
Department:	Research & Development	Check Number:	0000-1111-2222-3333

EARNINGS	Pay Description	YTD	Hours/Qty	Rate	Amount
	Regular Work	\$38,559.00	176	\$24.00	\$4,224.00
	Overtime	\$3,000.00	12	\$40.00	\$480.00
	Bonus	\$495.00	1	\$250.00	\$250.00
	TOTAL EARNINGS	\$42,054.00			\$4,954.00
DEDUCTIONS	Description	Year to Date		Amount	
	Medicare 1.45%	\$568.00		\$71.83	
	Federal Income Taxes	\$2,356.00		\$256.00	
	Social Security	\$1,380.00		\$150.00	
	State Tax	\$450.00		\$50.00	
	Insurance	\$360.00		\$40.00	
	Loans	\$5,580.00		\$605.00	
	TOTAL DEDUCTIONS	\$10,694.00		\$1,172.83	

Net Payable \$3,781.17

YTD Payments: \$31,360.00

Note: Next pay date will be 10/02/2023

Person responsible: _____

22222		a Employee's social security number		OMB No. 1545-0008	
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld
			5 Medicare wages and tips		6 Medicare tax withheld
			7 Social security tips		8 Allocated tips
d Control number			9 Advance EIC payment		10 Dependent care benefits
e Employee's first name and initial Last name Suff.			11 Nonqualified plans		12a
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b
			14 Other		12c
					12d
f Employee's address and ZIP code					
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2009

Department of the Treasury—Internal Revenue Service

Exide Life Group Term Life Insurance

TERMS & CONDITIONS

PART B

Important terms and definitions

B.1. DEFINITIONS

In this Policy, unless the context requires otherwise, the following words and expressions shall have the meaning ascribed to them respectively herein below:

- Accident** means a sudden, unforeseen and involuntary event caused by external and visible means.
- Accidental death** covers death, which results directly from Accident and occurs within 90 days of the date of the accident.
- Active Service** shall mean employee employed with the Policyholder on a full time permanent basis and who are actively working on a day which is one of the Policyholder's scheduled work days and are performing in the customary manner all the regular duties of his employment with the Policyholder on a full-time basis that day either at one of the Policyholder's business establishments, or at some location to which the Policyholder's business requires him to travel. An employee will be considered in Active Service on a day, which is not one of the Policyholder's scheduled workdays only if he was performing in the customary manner all of the regular duties of his employment on the preceding scheduled workday. This is only applicable for an Employer-Employee relationship.
- Active Member** is an individual who is a member of the organization who is active and participates in its day-to-day activities. The active member must hold some sort of basic position, qualification, etc., as defined by the organization under its eligibility criteria and should have met all the obligations and conditions required to be an active member. He should be active at work on the Risk Commencement date. This is only applicable for an Employer-Employee relationship.
- Active Service Certificate** is the certificate issued pursuant to Section F.3. of Part F of this Policy. This is only applicable for an Employer-Employee relationship.
- Active Member Declaration** shall mean a statement provided by an Active Member he/she is active and performing his daily activities and all his obligations as usual on the Risk Commencement date. In the event if the member is suffering from any illness, injury or maternity case the Risk cover shall not commence until the member has recovered and is capable of performing his/her regular duties on a full time basis and also subject to signing a health declaration which is to be countersigned by the organization. This is applicable for an Employer-Employee relationship as well as an Affinity group.
- Active at Work** means if on the Risk Commencement Date, the member is performing in the usual way, all of the regular duties of his/her job on a full time basis. If the member is absent on the date the coverage commences, due to illness, injury or maternity the coverage shall not commence until the date of his/her return to duties and performing in the usual way all of the regular duties of his/her job on a full time basis and subject to signing a health declaration which is to be countersigned by the employer. This is only applicable for an Employer-Employee relationship.
- Affinity group** means a set of homogeneous customers who have a common allegiance in the group where there is no employer-employee relationship between the Master Policyholder and the Insured Members.
- Age** shall be Age of Life Assured at entry as of last birthday i.e. the Age is completed years and is stated in the Policy Schedule.
- Anniversary Schedule** means the Anniversary Schedules attached to the Certificate of Insurance issued to the Insured Member.
- Annual Renewal Date** shall mean the anniversary date of the Policy.
- Basic Policy** is defined and included the document, Coverage Schedule, the signed Proposal Form, the Policy Schedule and any attached endowment or supplementary together with all addendums.